

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **6582** Primary Registration District No. **3017** Registrar's No. **80919071** STATE FILE NUMBER

VS 300
Rev. 4/59

1 **0275**

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Boonville		Length of stay in 1b 2 weeks	c. CITY OR TOWN Blackwater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) Artie Reed		4. DATE OF DEATH Month May Day 31 Year 1965	
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 4, 1890
9. AGE (last birthday) 75		10. IF UNDER 1 YEAR Months 75 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner		10b. KIND OF BUSINESS OR INDUSTRY Farming	
11. BIRTHPLACE (City and state or country) Ludlow, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Ben F. Reed		13b. MOTHER'S MAIDEN NAME Martha Branstitter	
14. NAME OF HUSBAND OR WIFE Beulah Gash		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT Artie A. Reed		17. ADDRESS Boonville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute renal failure, post-operative DUE TO (b) Transperitoneal nephrectomy for carcinoma of kidney. DUE TO (c) Transperitoneal nephrectomy for carcinoma of kidney. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 40 hours	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour 7:32 a.m. A.M. Month, Day, Year 5/18/65	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION Boonville, Mo.		20g. COUNTY Cooper	
20h. STATE Missouri		21. I attended the deceased from 5/18/65 to 5/31/65 and last saw him alive on 5/30/65 Death occurred at 7:32 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE William Wood (Degree or title)		22b. ADDRESS 329 Main, Boonville, Mo.	
22c. DATE SIGNED 6/3/65		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 6/2/1965		23c. NAME OF CEMETERY OR CREMATORY Peninsula Cemetery	
23d. LOCATION (City, town, or county) Cooper County, Missouri		23e. (State) Missouri	
24. FUNERAL DIRECTOR William Wood		25. DATE RECD. BY LOCAL REG. 6/5/65	
26. REGISTRAR'S SIGNATURE W. Wood		27. (State) Missouri	

USE BLACK INK

OR

TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William W. Wood

Licensed Embalmer No. 4539

P. O. Address Boonville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.